



APPLICATION FOR REGISTRATION OF PROFESSIONAL EMPLOYER ORGANIZATION CERTIFIED BY INDEPENDENT NATIONAL ORGANIZATION

Full name of applicant:

FEIN#:

Principle business location (street, city, state, ZIP code):

Address of each Indiana office (street, city, state, ZIP code):

Contact person:

Title

Telephone number
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Email Address:

Website Address:

Is the applicant sponsoring a health plan? Yes No

If yes, is the plan fully insured? Yes No

If the plan is fully insured, provide:

i. Name of insurance company_____

ii. Name of producer_____

Term and effective date of coverage_____

List the name of the Independent National Organization with whom the applicant is certified or accredited.

Is the Independent National Organization listed on the Department's website?

Yes

No

The following attachments must accompany this application:

1. Registration fee of two hundred and fifty dollars (\$250).

2. Provide an affidavit from the Independent National Organization confirming the applicant's certification or accreditation.

Do Not Write In this Section-For Departmental Use Only

I certify that the above statements are true.

Signature

Date

Printed Name

Title